

4970

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS **139** State Index No. **592**

**ORIGINAL CERTIFICATE OF BIRTH**

PLACE OF BIRTH Gila  
County of Gila  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of Globe (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Co. Register No. 43  
Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Domingo Chavez { Born { YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive { NO

Sex of Child <u>Male</u>	<del>Twins</del> <del>Triplet</del> or other	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>May 12</u> 19 <u>16</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Marcellino Chavez</u>			Full Maiden Name <u>Louise Castanada</u>		
Residence <u>North Globe</u>			Residence <u>North Globe</u>		
Color or Race <u>Mexican</u>			Color or Race <u>Mexican</u>		
Age at last Birthday <u>38</u> (Years)			Age at last Birthday <u>19</u> (Years)		
Birthplace <u>Mexico</u>			Birthplace <u>Mexico</u>		
Occupation <u>Laborer</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>1</u>		Number of Children, of this mother, now living <u>1</u>		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of the above child; and that it occurred on May 12 1916, at 6:45 A.M.

\*When there is no attending physician or midwife, then the householder should make this return.

(Signature) C. I. Sturgeon

(Attending physician, midwife, householder.)\*

Given or Christian name added from a supplemental report \_\_\_\_\_ 1916

Address \_\_\_\_\_

Filed May 15 1916

S. G. Fox  
LOCAL REGISTRAR.

439-512-331  
COUNTY REGISTRAR.

A. True Copy  
Filed July 5 1916

R. G. Fox  
COUNTY REGISTRAR.